

Our purpose

Working together to achieve the healthiest life possible for everyone in Ayrshire and Arran



Improving Patient Discharge from ICU

Pauline Murray DCN

(Lucy Glasgow SN/S Frearson IA)

Crosshouse ICU



Our values

Caring Safe Respectful

Aim of Session

- Background
- LNA/Results
- Improvement Plan
- Tests of Change
- Progress



Background- Need to Change

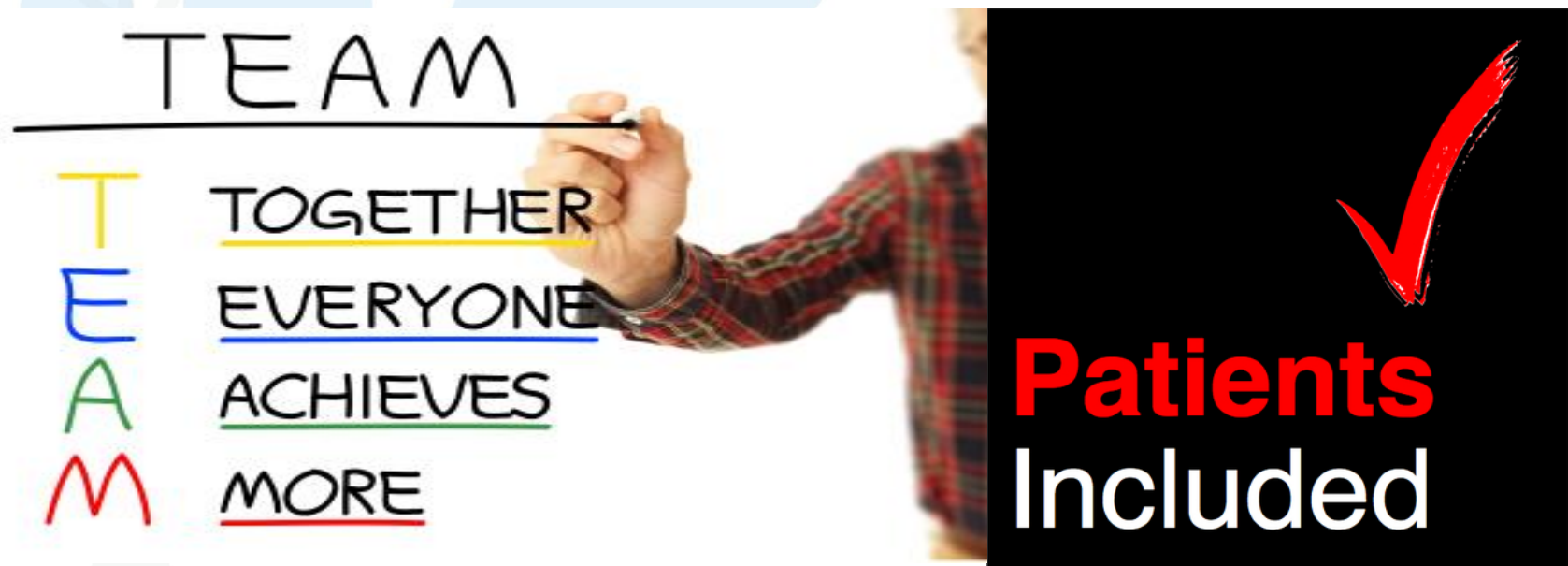
- Feedback from InS:PIRE
- Re-visit current discharge process:
 - documentation
 - communication with patients
 - communication with families
 - communication with ward staff



= We can't solve all the problems out with ICU but..... we ***could improve*** our own discharge process

What Did We Want to Achieve?

- Optimise patient/relative care
- Optimise staff experience
- Change culture
- Continuous Clinical Improvement



Where did we start

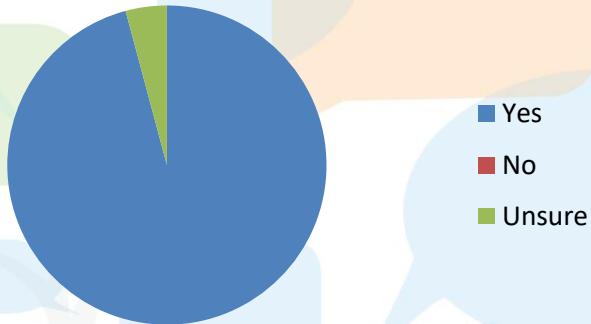
- Learning Needs Analysis:
 - ICU staff
 - Ward staff



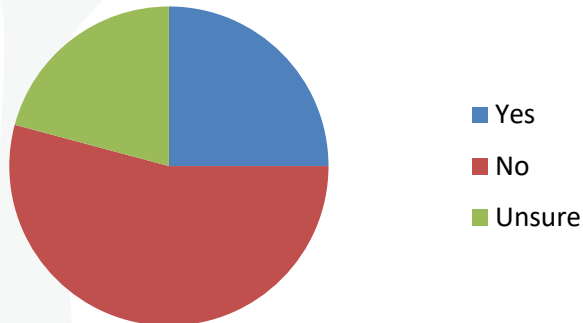
Results

ICU Staff feedback

Do you feel confident organising patient discharge from ICU?

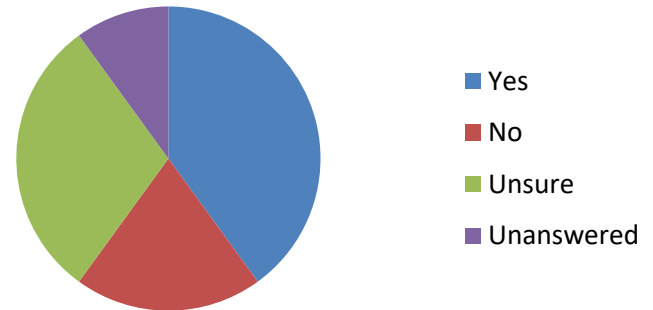


Do you feel your patient is emotionally prepared for step down to ward?

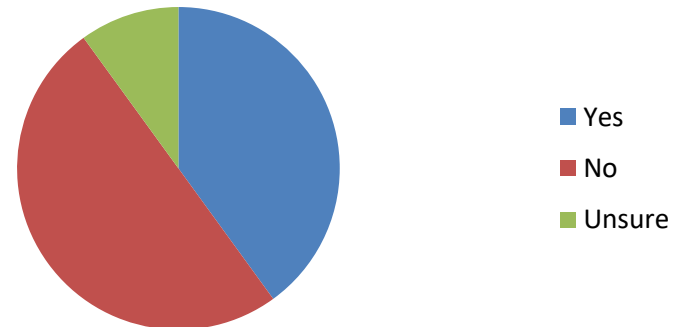


Ward Staff feedback

Do you feel the current process of organising patient discharge from ICU is done well?

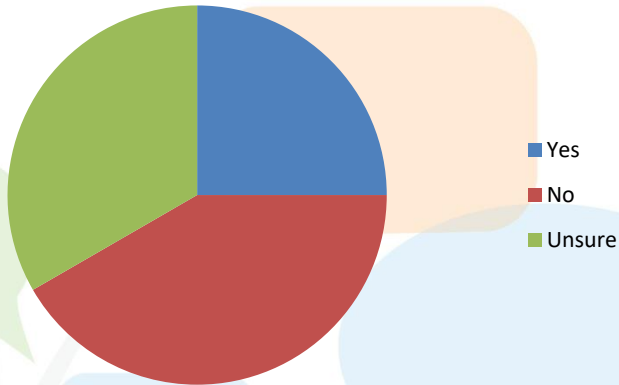


Do you feel patients are emotionally prepared for transfer to your ward?

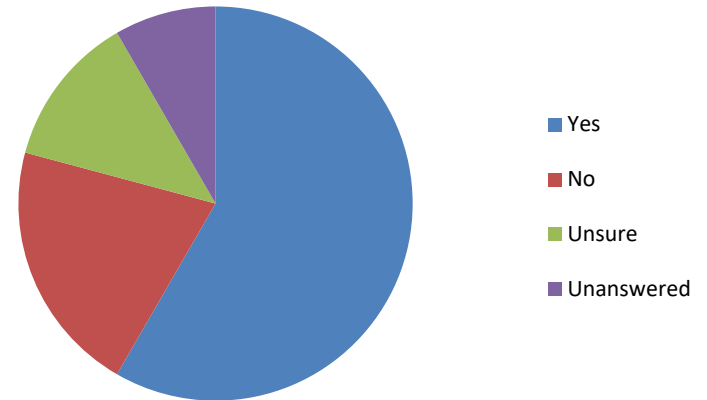


Results

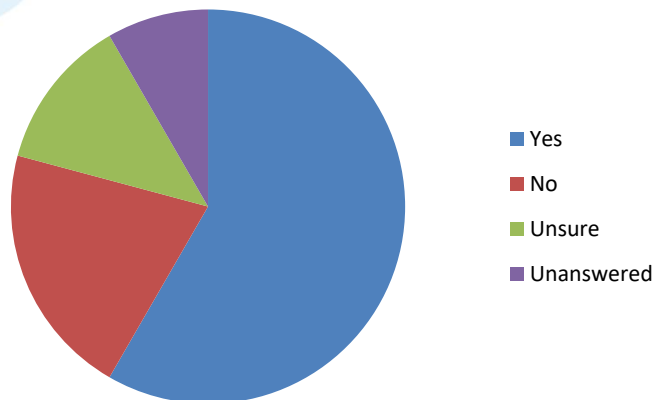
Do you feel relatives are emotionally prepared for step down to ward



Do you think involving relatives more in the discharge process would be beneficial?



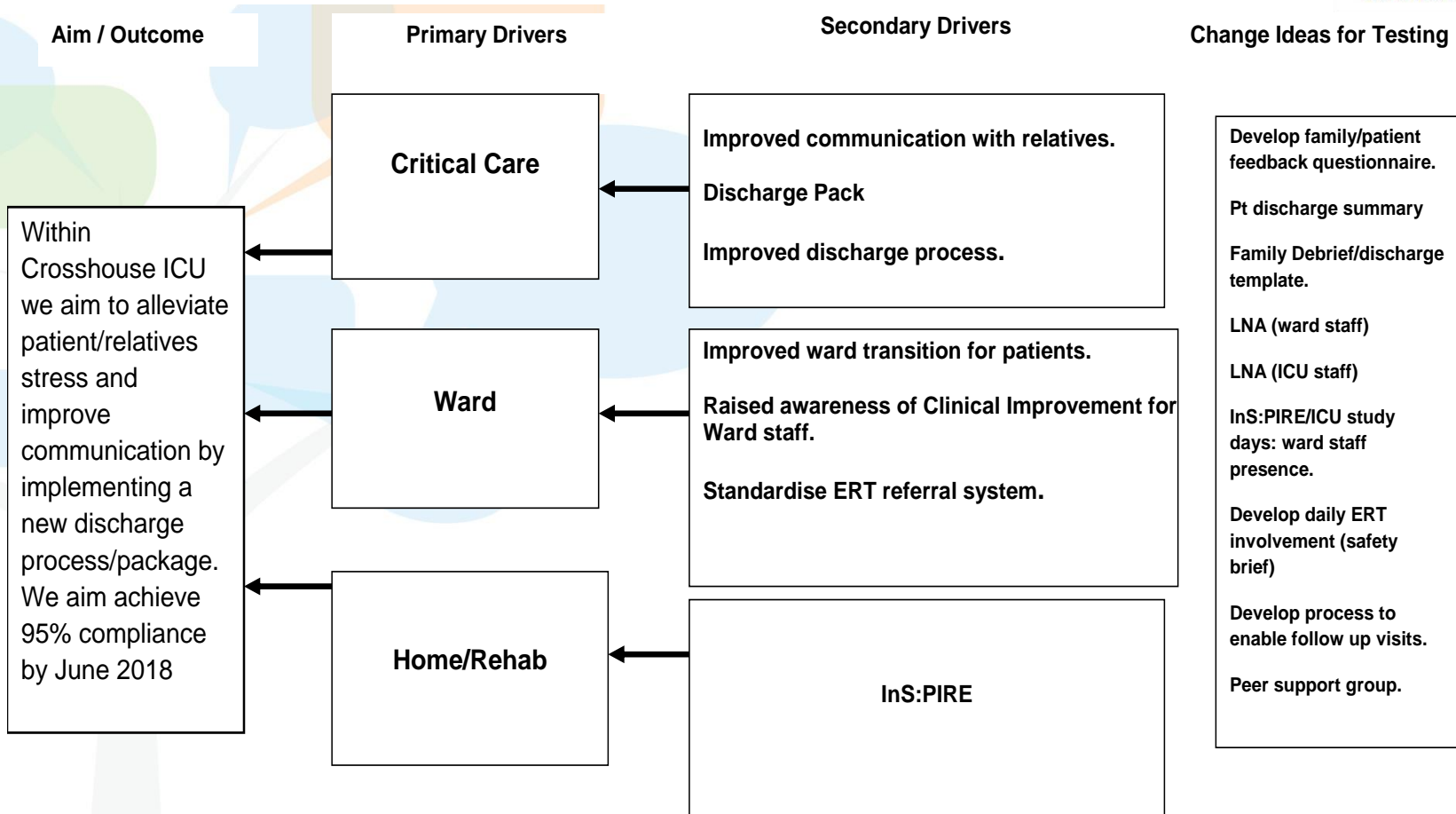
Do you think involving relatives more in the discharge process would be beneficial?



Our Improvement Plan

Crosshouse ICU

Improving Discharge Process and Communication Improvement Project



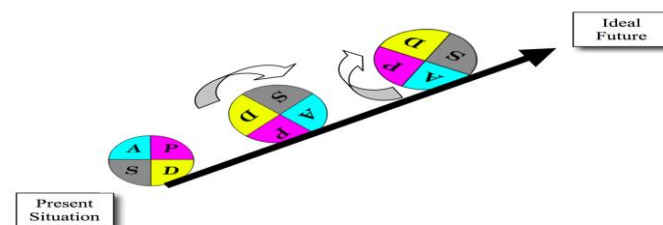
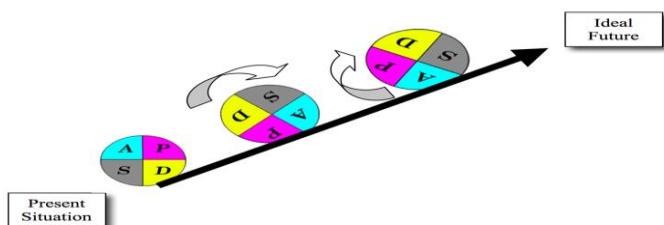
1st Test of Change

Crosshouse ICU Patient Discharge Checklist

Date _____ Time _____ Ward _____

1. N.O.K informed of transfer YES NO
2. Medical & Nursing notes present YES NO
3. Medical Summary plan present YES NO
4. ERT Informed of discharge YES NO
5. ENT Nurse Specialist informed YES NO N/A
6. Name band present YES NO
7. Biwave mattress ordered YES NO N/A
8. Valuables returned YES NO N/A
9. Risk assessments completed YES NO
10. A-line to be removed YES NO
11. CVP transducer removed YES NO
12. NG marked & measurement recorded
12. Outstanding investigations/issues: _____

Transferring nurse _____



2nd Test of Change

NHS Ayrshire & Arran

NHS Ayrshire & Arran ICU

Write or attach label

HCR No:
 CHI No:
 Surname:
 Forename: Sex:

Date of admission to hospital: Age:
 Date of admission to ICU: Date of Transfer:
 Consultant: ICU Consultant:
 Allergies:

SITUATION
 Diagnosis/Surgical Intervention

BACKGROUND

Relevant PMH	Relevant Drugs	DNACPR
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Social History/Background
 ICU Journey

ASSESSMENT

Respiratory Mode/Method	Fio2	Spo2
Sputum	Last sample sent	

ICU X-house Version 1
 R/V Dec 2018

CVS: HR Rhythm BP Temp News
 IV Access (Type): Date inserted:
 Antibiotics: WCC: CRP:
 HB:

Neuro /Sedation/Pain: GCS = E M V 4 AT Score-
 Sedation - Analgesia- Pain Score -

Nutrition/Hydration: IV Intake - Enteral feeding -
 Oral Intake- Assistance required with eating-
 MUST Score -

Elimination : Passing Urine: Spont Bed Pan Commode
 Catheter/ HUV
 Bowels last opened Drains

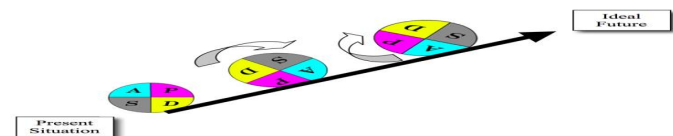
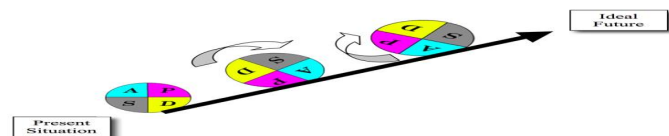
Mobility/ Wound care: Pressure areas -
 Waterlow - Skin bundle Y / N Dressings-

Drug Infusions :

RECOMMENDATIONS:

Family aware of transfer YES/NO
 Transfer nurse name: Designation:
 Signature:
 Date:

ICU X-house Version 1
 R/V Dec 2018



3rd Test of Change

Patient orientation tool

You have been in the Intensive Care Unit (ICU)
at University Hospital Crosshouse

Name:

You came into ICU on _____
from _____ and have been here for _____ days.

You arrived in hospital by _____

You were discharged to ward _____ on _____

You came into the ICU because

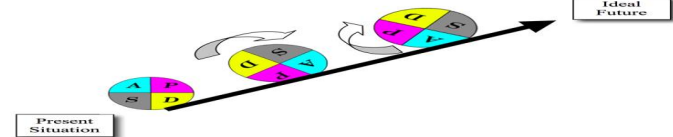
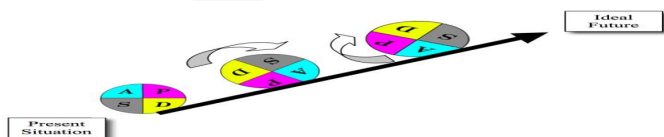
While you were in hospital you had the following treatment
and procedures

Because of these events you seemed/experienced

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All our publications are available in other formats



Other Improvements

Ward philosophy

The ICU team provide a number of highly specialised and complex treatments for patients who need breathing, circulation and kidney support.

All patients and their relatives will be treated individually and respectfully based on their personal, cultural and spiritual beliefs.

We constantly strive to improve standards and provide excellent care for every patient within our specialised unit.

We value the importance of effective communication from all members of the team involved in patient care. We ensure that families will be kept informed of the patient's condition and care management plan.

The department works to promote a culture of openness and honesty and also to provide learning in a stimulating environment where staff can develop.

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MS18-150-CC

ICU discharge pack



Patient diaries
If you have been looked after in the ICU for two days or longer you will have a written account of your time spent there in the form of a person-centred diary. This will be filled in by both nursing staff and family members and can include a variety of information, for example - specific tests carried out and who has come to visit.
We hope that this log will help you make sense of the memories and details you may have about your stay and, ultimately, help improve your psychological wellbeing.

Ward visit on bid: _____
Telephone number: 01 563 57741

Progress to Date

No data as yet however:

- Improved communication/documentation:
 - Ward staff (SBAR handover)
 - ICU staff (journey folder)
 - Patients/relatives (Better Health Hub)

DON'T BE AFRAID TO
CHANGE. YOU MAY
LOSE SOMETHING
GOOD BUT YOU MAY
GAIN SOMETHING
BETTER.

Forward Steps

- Ward Visits
- Patients (orientation tool)
- Return of patient diary
- Feedback Questionnaire

And.....Measurement – data, data!

*“Change is possible if
we have the desire and
commitment to make it
happen.*

Mohandas Gandhi



Thank-you Any Questions?

